

ELEGRAPHIC MESSAGE		•
AME OF AGENCY	PRECEDENCE	SECURITY CLASSIFICATION
TATEST Comments of the second	ACTION:	
DHEW/PHS/HSMHA/Regional Medical	•	
Programs Service	INFO:	
ACCOUNTING CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE
3-3971015 75-30321 23.6J	4/6/73	
FOR INFORMATION CAI	.L	SINGLE BOOK
NAME	PHONE NUMBER	MULTIPLE ADDRESS
Mrs. Sarah J. Silsbee (Writer) THIS SPACE FOR USE OF COMMUNICATION UNIT	*31580	
The second of th		
	•	
	MITTED (Use double spacing and all co	apital letters)
TO: JOHN J. MURRAY	TO: ROBERT G. PARI	1
DIRECTOR	TREASURER	
CENTRAL NEW YORK REGIONAL	RESEARCH FOUNI	DATION OF SINV
MEDICAL PROGRAM	P.O. BOX 7126	ALLON OF BORT
716 EAST WASHINGTON STREET	ALBANY, NEW YO	DRK 12224
SYRACUSE, NEW YORK 13210	, , , , , , , , , , , , , , , , , , , ,	
	•	
TO a Bonne		
TO: ROBERT SHAW		
PROGRAM DIRECTOR, RMP		
OFFICE OF THE REGIONAL HEALTH DIR	ECTOR	
DHEW REGION II		
26 FEDERAL PLAZA, ROOM 3300		
NEW YORK, NEW YORK 10007		
		·
THIS IS TO ADUTER YOU OR THE PROPERTY		
THIS IS TO ADVISE YOU OF THE DECIS	STONS RESULTING FROM	REVIEW BY RMPS
OF THE PHASE-OUT PLANS SUBMITTED O	N MARCH 15 RY THE CE	NTDAT NEW YORK
		:
REGIONAL MEDICAL PROGRAM. THE DEC	CISIONS ARE AS FOLLOW	S:
1. THE TERMINATION DATE FOR THE	ATTEMPT A PARTY OF THE PARTY OF	y .
1. THE TERMINATION DATE FOR THE	CENTRAL NEW YORK RE	GIONAL
MEDICAL PROGRAM IS FEBRUARY	14. 1974. THIS IS TO	HR DATE
BEYOND WHICH NO RMPS GRANT F	UNDS MAY BE EXPENDED	_
2. THE APPROVED DIRECT COST IS	NOW \$348,066 PLUS AP	PROPRIATE
		<u> </u>
INDIRECT COSTS. AN AMENDED	AWARD WILL BE ISSUED	FOR THE
NEW APPROVED BUDGET PERIOD :	ANTIVADIR S. SORO	
NEW APPROVED BUDGET PERIOD J	ANUARY 1, 1973 THROUG	GH .
FEBRUARY 14, 1974.		
	·	SECURITY CLASSIFICATION
	PAGE NO. NO. OF	PGS.
		·
	1 1 1 2	1

STANDARD FORM 14 REVISED AUGUST 1967 GSA FPMR (41 CFR) 101-35.306

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AME OF AGENCY	PRECEDENCE	SECURITY CLASSIFICATION			
	ACTION:				
•	INFO:				
ACCOUNTING CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE			
FOR INFORMATION CALL		SINGLE			
NAME	PHONE NUMBER	BOOK			
THIS SPACE FOR USE OF COMMUNICATION UNIT		MULTIPLE-ADDRESS			
	ITED (Use double spacing and all ca	spital letters)			
TO:	; · ·				
3. FUNDS MAY BE EXPENDED AFTER 6	5/30/73 FOR ONLY THO	OSE			
PROGRAMMATIC ACTIVITIES LISTED BELOW:					
NUMBER	<u>NUMBER</u> <u>TITLE</u>				
21 NURSE CLINICIAN TRAINING					
37 FAMILY PRACTICE OUTREACH PROGRAM					
40 SATELLITE CLINICS IN RURAL AREAS					
22 EMERGENCY MEDICAL	22 EMERGENCY MEDICAL SERVICES (CONTRACT)				
ALL OTHER ACTIVITIES NOW ONGO	DING, INCLUDING THOS	SE .			
PREVIOUSLY CONTRACTED, MUST E	BE TERMINATED BETWEE	IN NOW AND			
JUNE 30.					
4. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL.					
EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL AND MEETINGS					
SHOULD BE KEPT AT A MINIMUM.					
5. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE					
SUPPORT BEYOND JUNE 30 FOR THE	HE PROJECTS AND ACTI	(VITIES			
LISTED ABOVE AND FOR PROGRAM	STAFF NEEDED TO MON	VITOR			
PROJECT ACTIVITY AND TO ASSUR	RE COMPLIANCE WITH (
	SECURITY CLASSIFICATION				
	PAGE NO. NO. OF	PGS.			
	2 2	3			

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FOR INFORMATION CALL		SINGLE
NAME	PHONE NUMBER	воок
		MULTIPLE-ADDRESS
THIS SPACE FOR USE OF COMMUNICATION UNIT		
	ED (Use double spacing and all	apital letters)
TO:	, , , · · ·	
REQUIREMENTS BY FEBRUARY 14, 19	974.	
THE ABOVE INFORMATION IS NOT INTENDED	TO BE AN ALL-THO	LUSTVE
RESPONSE TO YOUR PROPOSED PLANS FOR E	EQUIPMENT DISPOSAL	, RECORDS
RETENTION, USE OF GRANT-RELATED INCOM	E. ETC. RATHER.	IT REPRESENTS
OUR JUDGMENT ABOUT THE BASIC DECISION	is needed to enabl	E YOU TO
INITIATE PHASE-OUT OPERATIONS AND NEG	COTIATIONS.	
WE EXPECT THAT YOU WILL HAVE QUESTION		
GRANTS MANAGEMENT BRANCH (301/443-180	00) FOR ASSISTANCE	AS NEEDED.
THE GRANTS MANAGEMENT STAFF WILL ALSO	BE CONTACTING YO	U REGARDING
SPECIFIC DETAILS ON THE PHASE-OUT OF		
		INE FORMS TO
BE PREPARED TO SUPPORT THE AMENDED AW	ARD NOTICE.	
•	•	
	ARGULIES, M.D.	
DIRECTOR		
REGIONAL	MEDICAL PROGRAMS	SERVICE
		SECURITY CLASSIFICATION
	PAGE NO. NO. O	F PGS
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